

# MHA Survey Manual: Chapter 8 Self-Reporting Adverse Events and Abuse and Neglect

Sharon Burnett, VP of Clinical and Regulatory Affairs, MHA

Jane Drummond, VP, Legal Affairs and General Counsel, MHA

Donya Lowrie, Chief, DHSS Bureau of Hospital Standards

Kathie Thomas, Assistant Chief, DHSS Bureau of Hospital Standards

# How To Access The Survey Manual



- MHA.net.com, Advocacy & Regulation, then Hospital Laws & Regulation
- <http://web.mhanet.com/resources/mha-library/database-of-articles/mha-survey-manual>
- Access to the guide is password protected for MHA members. To obtain a password, click the “sign in” link at the top of MHA’s homepage.


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## Hospital Laws and Regulation

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MHA's staff interacts with federal and state officials to shape the regulatory activities of many federal and state agencies. This involves analyzing rules and regulations proposed by federal and state agencies and providing comments, where appropriate.

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▶ **MHA Survey Manual**

The [MHA Survey Manual: A Guide to the Licensing and Certification Survey Process](#) has been created to help hospital leaders prepare for and understand the federal and state hospital survey process. The 176-page manual provides tips on how to prepare for surveys, interact with surveyors, write plans of correction and avoid or appeal adverse actions.

▶ **In Case You Missed It!**

MHA Inside Track For Healthcare Professionals – summary of key updates or changes in CMS and state regulations.

# Chapters

- 1 — Introduction and Background
- 2 — Federal Surveys
- 3 — State Surveys
- 4 — Survey Process
- 5 — Pre-Survey Guide
- 6 — During the Survey Guide
- 7 — Post-Survey Guide
- 8 — Self-Reporting Adverse Events and Abuse and Neglect
- 9 — Applicable Laws and Regulations
- 10 — Appendices

Chapters 1 -7, 9 and 10 covered during Nov. 19 webinar. Recording and slides available at <http://web.mhanet.com/advocacy-and-regulation/hospital-laws-and-regulation/>

# Adverse Event Reporting



# Adverse Event Reporting

- Report or not report?
- What to report
  - Patient events: suicide attempts, patient elopement/abduction, adverse surgical events, death in restraints, etc.
  - Facility incidences: fires, natural disasters, etc.
- How and to whom to report
  - See Appendix A-5-2 and A-5-3



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## Self Report Guidelines

### Potential Incidents to Self Report

- ✓ Patient Abuse/Neglect (sexual, physical, verbal) by another patient, employee, vendor, or visitor;
- ✓ Patient suicide or attempted suicide;
- ✓ Patient elopement or abduction;
- ✓ Surgery Incidents, such as wrong patient, wrong body part, or wrong procedure/surgery or unintended retention of a foreign object.

### Hospital Self Reports to the State Agency

There are several benefits to patient safety that may occur as a result of hospitals reporting incidents of patient abuse/neglect. These reports:

- ✓ Provide the hospital an opportunity to demonstrate compliance with regulations prior to, or in lieu of, an onsite investigation by the State Agency (SA).
- ✓ Provide an opportunity for the hospital and SA to communicate in a timely manner to assure the investigation is thorough and patients are protected.
- ✓ Provide for timely investigation of incidents where the alleged perpetrator (AP) is an employee and referral for potential inclusion on the Employee Disqualification List (EDL) may be required. Failure of the hospital to self-report employees who have abused/neglected patients allows the AP/employee to change employment and abuse patients in other hospital or health care settings.
- ✓ Whenever possible, please initiate the self report within 24 hours of a reportable incident.

### Documentation to be submitted to the State Agency

- ✓ Copy of all policies and procedures which apply to the issue reported.
- ✓ Copy of the hospital's internal investigation of the event and corrective actions taken to protect the patient(s) involved and all other patients. This should include copies of all interviews, written statements, emails, etc. that document witness accounts of the event or were pertinent to the investigation.
- ✓ Opportunities for improvement identified as a part of the investigation and event evaluation with a description of plans to implement the opportunities.

Keep in mind that the more detailed and comprehensive the information, the more accurate the final triage decision will be. In many cases the follow up documentation will be adequate to demonstrate compliance with the regulations; therefore, eliminating the need for an onsite visit except for cases when an EDL investigation is warranted. Placement on the EDL may only be done following an onsite investigation by a DHSS staff member.

2-28-15

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF HEALTH SERVICES REGULATIONS  
 BUREAU OF HOSPITAL STANDARDS  
**INCIDENT REPORT**

**FOR BHS USE ONLY**

DATE BHS NOTIFIED

HOSPITAL ID NUMBER

FACILITY NAME			
FACILITY ADDRESS		CONTACT PERSON:	
Phone number		TYPE OF INCIDENT:	
DATE OF INCIDENT:	TIME INCIDENT WAS DISCOVERED AND/OR TIME ALARM WAS ACTIVATED	HOW WAS INCIDENT DISCOVERED?	
TIME OF RESPONSE BY EMERGENCY PERSONNEL:	LOCATION IN THE FACILITY AND CAUSE OF INCIDENT		
DESCRIBE DAMAGE TO FACILITY:	CENSUS IN AREA OF INCIDENT (NUMBER)		
WAS EMERGENCY DEVICE ACTIVATED? (STATE TYPE) <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE/TIME FIRE ALARM WAS PUT BACK IN SERVICE IF ACTIVATED		
WAS SPRINKLER SYSTEM ACTIVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS ADDITIONAL STAFF TRAINING NECESSARY TO PREVENT REOCCURRENCE:		
NUMBER OF STAFF ON DUTY	DESCRIBE ANY SYSTEMS OR EQUIPMENT TAKEN OUT OF SERVICE	TIME/DAY PUT BACK IN SERVICE	
NUMBER OF INJURIES OR DEATHS TO PATIENTS OR EMPLOYEE AS RESULT OF INCIDENT	IF EVACUATION WAS REQUIRED, NUMBER OF PATIENTS REQUIRING ASSISTANCE		
IS ARSON SUSPECTED? IF NO, NAME AND CONTACT INFORMATION OF INVESTIGATING FIRE/POLICE OFFICIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER RESULTING FROM SMOKE INHALATION	NUMBER RESULTING FROM BURNING	
CIRCUMSTANCES THAT MAY HAVE CONTRIBUTED TO THE INCIDENT, IF ANY.			
<p><b>REMARKS (ATTACH A BRIEF NARRATIVE OF THE EVENTS INCLUDING IMPACT ON PATIENT CARE AND IF ANY CHANGES IN PROCEDURE WERE IDENTIFIED: INCLUDE ANY RESPONSE BY OUTSIDE AGENCIES:</b>          For any critical services affected by this incident describe temporary and permanent solutions to provide continuity of service and number of patients or staff affected:</p>			
WERE PATIENT SERVICES STOPPED/Delayed OR RE-SCHEDULED DUE TO INCIDENT: FOR HOW LONG:		DATE AND TIME THAT PATIENT SERVICES WERE RESUMED:	
SIGNATURE	TITLE	DATE	
PLEASE PRINT NAME OF PERSON SIGNING ABOVE			
RETURN TO:	MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF HEALTH SERVICES REGULATIONS BUREAU OF HOSPITAL STANDARDS PO BOX 570 JEFFERSON CITY, MO 65101-0570	Phone: 573-751-6303 Fax: 573-526-3621	
EMAIL ADDRESS:			
FIRE DEPARTMENT REPORT ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, PLEASE EXPLAIN	



# Abuse and Neglect Reporting



# Mandatory Reporting Statutes

- Generally grouped by patient type
  - Elder Abuse (§565.188, RSMo)
  - Eligible Adults (§192.2410)
  - In Home/Home Health Services (§192.2475)
  - LTC Residents (§198.070)
  - Consumer Directed Services (§208.912)
  - Children (§210.115)



# Mandatory Reporting Statutes

- Cover nearly all hospital employees
  - Physicians/Nurses/PAs
  - Mental Health Professionals/Psychologists
  - Social Workers
  - Pharmacists
  - Physical Therapists
  - Hospital/Clinic personnel engaged in care
  - “Other health practitioner”



# Mandatory Reporting Statutes

- **Abuse:** Physical, sexual or emotional injury or harm
  - Including financial exploitation
- **Neglect:** Failure to provide services that presents imminent danger to health, safety, or welfare or a substantial probability of death or serious harm



# Mandatory Reporting Statutes

- Elder Abuse
  - Immediate report required if reasonable cause to suspect abuse or neglect or observe conditions which would reasonably result in abuse or neglect



# Mandatory Reporting Statutes

- Eligible Adults
  - Shall report to the department if reasonable cause to suspect likelihood of serious physical harm and person is in need of protective services



# Abuse and Neglect Occurring Outside the Facility

- Who, what, when to report
  - Children, elderly and other “eligible” adults
  - Verbal, sexual, physical, mental abuse
- How and to whom to report
  - Guidelines for Mandated Reports of Child Abuse and Neglect Missouri Department of Social Services’ Children’s Division  
[https://dss.mo.gov/cd/pdf/guidelines\\_can\\_reports.pdf](https://dss.mo.gov/cd/pdf/guidelines_can_reports.pdf)
  - Abuse, Neglect and Financial Exploitation of Missouri’s Elderly and Adults with Disabilities It’s A Crime 2011 DHSS Report  
<http://health.mo.gov/safety/abuse/pdf/FY11CryingEyeAR.pdf>
- Have a policy/procedure for abuse or neglect discovered or suspected upon admission.
- Educate staff on signs and symptoms of abuse and what to do when they suspect abuse or neglect.

# Abuse and Neglect Occurring Inside the Facility

- DHSS and CMS expect hospitals to proactively look for actual and potential abuse rather than reacting only to reported events.
- Proactive recommendations:
  - Have a P&P for abuse or neglect that occurs after admission that covers staff, visitor or other patient suspected of being the abuser. (See Appendix A-9 for samples)
  - Identify and monitor events that could lead to or contribute to abuse
  - Fosters a “no fear of retaliation due to reporting” culture
  - Provide training on de-escalation techniques
  - Educate staff on signs and symptoms of abuse and what to do when they suspect abuse or neglect



# Abuse and Neglect Occurring Inside the Facility

- What to do when you become aware
  - Take immediate steps to protect alleged and potential victims. The alleged abuser may not have any patient contact during investigation and while determination pending.
  - Examine, treat and document suspected injuries in MR and in investigative report. Consider using SANE for sexual assault.
  - Conduct immediate and thorough internal investigation
    - Interview victim, eye witnesses and circumstantial witnesses (other patients, staff and family members). Include staff and patients on other shifts alleged abuser has worked.
    - Consider involving law enforcement if unable to determine perpetrator, criminal offense.
    - Document and preserve all physical and documentary evidence including video, specimens collected, medical records, interviews.

# Abuse and Neglect Occurring Inside the Facility

- What to do when you become aware
  - If allegation is credible and meets definition of abuse or neglect, notify DHSS or DSS hotline ASAP after incident
  - Document all corrective actions taken including notifying licensure boards, states, adult protective services or children's services, law enforcement
  - Prepare investigation report to include, if applicable:
    - Description of incident including sequence of events and conclusion reached
    - Identifying information for alleged victim and perpetrator
    - Injury documentation
    - Sources of information used including staff interviews/statements, nurses or progress notes, video surveillance
    - Corrective actions taken and changes to PI plan

# DHSS Investigation of Alleged Abuse and Neglect Cases

- DHSS is required to investigate all allegations of in-hospital abuse and neglect
- If someone other than the hospital reports case, CMS is likely to authorize IJ investigation
- If hospital self-reports and outlines steps taken to prevent abuse from ever happening again, DHSS may do a state survey to:
  - Determine if hospital investigation and action steps to protect patients taken were adequate and did they follow their P&Ps
  - Complete EDL paperwork
- If the hospital self-reports and subsequent investigation/actions demonstrate compliance, DHSS may accept the hospital's investigation in lieu of an on-site survey.

# MHA Resources

## MHANet.com

- My MHANet log in and password
- Sign up for MHA Today
- Law and Regulation

<http://web.mhanet.com/resources/mha-library/database-of-articles/medicare-regulations>

### ➤ Federal Regulations

- Medicare Conditions of Participation Crosswalks
- Self-Assessment Checklists
- Quality/Regulatory Orientation Guide
- Required Signage
- Required Orientation and Education

### • Education

- ### ➤ Seminars/webinars

# MHA Regulatory Contact Information

- MHA Staff 573/893-3700
  - Sharon Burnett – VP, Clinical and Regulatory Affairs ext. 1304, [sburnett@mhanet.com](mailto:sburnett@mhanet.com)
  - Jim Mikes – VP, Rural Services and Regulation, ext. 1393, [jmikes@mhanet.com](mailto:jmikes@mhanet.com)
  - Jane Drummond – VP, Legal Affairs and General Counsel, ext. 1328, [jdrummond@mhanet.com](mailto:jdrummond@mhanet.com)
  - Jennifer Graham, Associate General Counsel, ext. 1389, [jgraham@mhanet.com](mailto:jgraham@mhanet.com)

# DHSS Contact Information

- Donya Lowrie - Bureau Chief, Section for Health Standards & Licensure, 573/751-6303, [donya.lowrie@health.mo.gov](mailto:donya.lowrie@health.mo.gov)
- Kathie Thomas - Assistant Bureau Chief, Section of Health Standards & Licensure, 573/751-6303, [kathie.thomas@health.mo.gov](mailto:kathie.thomas@health.mo.gov)
- Linda Henson - Assistant Bureau Chief, Section of Health Standards & Licensure, 573/751-6303, [linda.henson@health.mo.gov](mailto:linda.henson@health.mo.gov)
- Julie G. Creach, Administrator, Section for Health Standards & Licensure, 573/526-1864, [julie.creach@health.mo.gov](mailto:julie.creach@health.mo.gov)
- Jeanne Serra, Division Director, Division of Regulation & Licensure, 573/751-8535, [jeanne.serra@health.mo.gov](mailto:jeanne.serra@health.mo.gov)

# Questions?

